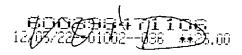


(Req	juestor's Name)	
(Add	Iress)	
(Add	lress)	
(City	/Ŝtate/Zip/Phoni	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nar	ne)
(Doc	rument Number)	
ed Copies	Certificates	s of Status
at Instructions to F	iling Officer:	

Office Use Only



600398471106



12/05/22--01002--038 **50.00

CORPORATE ACCESS, ____

When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666, Fax (850) 222-1666

			V	VALK IN	
		PICK	UP:	MISTY 12/7	
		CERTIFIED COPY			
	XX	РНОТОСОРУ			
		CUS	*	<u> </u>	
	XX	FILING	LLC	AMEND	
1.		FLORIDA AVE HOLDII (CORPORATE NAME AND DOCUM	NGS, LI IENT#)	LC	
2.		(CORPORATE NAME AND DOCUM	IENT #)	-	
3.		(CORPORATE NAME AND DOCUM	IENT #)		
4.		(CORPORATE NAME AND DOCUM	IENT #)		
5.	-	(CORPORATE NAME AND DOCUM	IENT #)		
6.	-	(CORPORATE NAME AND DOCUM	ENT #)		
	CIAI IRU	L CTIONS:			
			 -	-	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2022 DEC -7 AH 9: 24

FLORIDA AVE HOLDINGS, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Comparing Elevation for the Limited Liability Comparing L22000481709	any were filed on 11/10/2022	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	iability company here:	
The new name must be distinguishable and contain the words "Limited Li	iability Company," the designation "LLC"	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS,	<u> </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office.		the name of the new registered
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	:
	Flo	orida Zip Code
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	PROSPECT CAPITAL QZ FUND, LLC	1991 INDUSTRIAL DRIVE	
		DELAND, FL 32724	■Remove
			□Change
AMBR	Florida Avenue QOF, LLC	1991 INDUSTRIAL DRIVE	= Add
		DELAND, FL 32724	□ Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Adđ
			□Remove
			□Change
			□Add
			□Remove

								\$7	2	-
									21	-
								20	2	- - -
								20	21	-
								20	21	-
				_			-	2.0	-21	_
	,			_				V. 2	یے	
		<u> </u>							2022 DE	-
				·			··	<u>5</u>		- Craess
			_		<u> </u>	 _		(n)	- - -	- j i
-			-		-		·	ਜ਼ਿਲ੍ਹਾ ਨੂਲ ਨੂੰ ਜ਼ਿਲ੍ਹੇ	<u> </u>	
	-				 .			514 (**).	24	_
		·	 -							_
			<u>.</u>							
							.	-		
_			_							
F. Mantius de	to if other th			-		-		_		
If an effective d Note: If the	te, if other than ate is listed, the dat date inserted in the ffective date on t	e must be specific tis block does r	c and cannot b	applicable	te of filing or r statutory filin	nore than 90 da	(optiona ys after filir its, this da	ia i Purcu	ant to 605 of be list	i.0207 (ed as t
e record speci rd is filed.	fies a delayed eff	fective date, but	not an effec	tive time,	at 12:01 a.m.	on the earlier	of: (b) 1	Fhe 90th	day afte	r the
Dated	December 7th			2						
		Patricus Signature o	a R. Fa	tzgera	ld, Esg	,				
_		Signature o	of a member of	authorized	representative	of a member		<u>.</u>		